

**HEALTH AND RECOVERY SERVICES ADMINISTRATION  
CONVERSION FACTORS  
EFFECTIVE 7/1/06\***

<u>Type of Service</u>	<u>Conversion Factors</u>
<b>Maternity Services</b>	<b>\$44.71</b>
<i>Includes Codes:</i>	
58611	Tubal Ligation
59000 - 59025	Incision
59425, 59426, 59430	Antepartum & Postpartum Care
59400 - 59410	Labor & Vaginal Delivery
59510 - 59525	Cesarean Delivery
59610 - 59622	Delivery After Previous C-Section
<b>Children's Primary Health Care</b>	<b>\$35.00</b>
<i>Includes Codes</i>	
99201-99215	Office/Outpatient Visits
99381-99391	Preventive Medicine (EPSDT)
99431-99435	Newborn Care
<b>Adult Primary Health Care</b>	<b>\$25.51</b>
<i>Includes Codes</i>	
99201-99215	Office/Outpatient Visits
<b>All Other Services</b>	<b>\$22.93</b>

\*The 7/1/2006 Conversion Factors were determined using a vendor rate increase of 1%.

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TOP 30 RBRVS CODES By Dollar Volume (for dates of service from 7/1/04-6/30/05)		Non-facility Setting			Facility Setting		
		Max Fee 7/1/05 CF=Various*	Max Fee 7/1/06 CF=Various*	Percent Change	Max Fee 7/1/05 CF=Various*	Max Fee 7/1/06 CF=Various*	Percent Change
97530	Therapeutic activities	\$17.68	\$17.89	1.2%	\$17.68	\$17.89	1.2%
99213	ADULT - Level 3 Office Visit	\$34.75	\$35.71	2.8%	\$23.33	\$23.98	2.8%
36415	Routine venipuncture	\$2.45	\$2.46	0.4%	\$2.45	\$2.46	0.4%
99214	ADULT - Level 4 Office Visit	\$54.36	\$56.12	3.2%	\$38.72	\$40.05	3.4%
71010-26	Chest x-ray	\$5.68	\$5.73	0.9%	\$5.68	\$5.73	0.9%
97533	Sensory integration	\$15.67	\$16.05	2.4%	\$15.67	\$16.05	2.4%
99213	CHILDRENS - Level 3 Office Visit	\$48.38	\$49.00	1.3%	\$32.49	\$32.90	1.3%
71020-26	Chest x-ray	\$6.81	\$6.88	1.0%	\$6.81	\$6.88	1.0%
97110	Therapeutic exercises	\$16.81	\$16.97	1.0%	\$16.81	\$16.97	1.0%
99283	Emergency dept visit	\$37.02	\$37.91	2.4%	\$37.02	\$37.61	1.6%
99232	Subsequent hospital care	\$33.38	\$33.94	1.7%	\$33.38	\$33.94	1.7%
85025	Complete cbc w/auto diff wbc	\$8.91	\$8.91	0.0%	\$8.91	\$8.91	0.0%
99212	ADULT - Level 2 Office Visit	\$25.56	\$26.28	2.8%	\$15.88	\$16.33	2.8%
81025	Urine pregnancy test	\$4.30	\$4.31	0.2%	\$4.30	\$4.31	0.2%
99284	Emergency dept visit	\$57.91	\$58.47	1.0%	\$57.91	\$58.47	1.0%
92015	Refraction	\$43.15	\$44.03	2.0%	\$12.26	\$12.38	1.0%
99211	ADULT - Level 1 Office Visit	\$14.40	\$14.80	2.8%	\$5.96	\$6.12	2.7%
83896	Molecular diagnostics	\$4.59	\$5.60	22.0%	\$4.59	\$5.60	22.0%
99233	Subsequent hospital care	\$47.46	\$48.15	1.5%	\$47.46	\$48.15	1.5%
80053	Comprehen metabolic panel	\$9.77	\$9.77	0.0%	\$9.77	\$9.77	0.0%
99214	CHILDRENS - Level 4 Office Visit	\$75.69	\$77.00	1.7%	\$53.91	\$54.95	1.9%
99211	CHILDRENS - Level 1 Office Visit	\$20.04	\$20.30	1.3%	\$8.29	\$8.40	1.3%
70450-26	Ct head/brain w/o dye	\$26.57	\$26.83	1.0%	\$26.57	\$26.83	1.0%
88142	Cytopath, c/v, thin layer	\$28.31	\$28.31	0.0%	\$28.31	\$28.31	0.0%
99212	CHILDRENS - Level 2 Office Visit	\$35.60	\$36.05	1.3%	\$22.12	\$22.40	1.3%
80061	Lipid panel	\$15.35	\$15.35	0.0%	\$15.35	\$15.35	0.0%
81002	Urinalysis nonauto w/o scope	\$2.93	\$2.93	0.0%	\$2.93	\$2.93	0.0%
85610	Prothrombin time	\$4.50	\$4.50	0.0%	\$4.50	\$4.50	0.0%
84443	Assay thyroid stim hormone	\$19.18	\$19.18	0.0%	\$19.18	\$19.18	0.0%
80101	Drug screen, single	\$15.78	\$15.78	0.0%	\$15.78	\$15.78	0.0%
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EVALUATION AND MANAGEMENT CHILDREN'S SERVICES		Non-facility Setting			Facility Setting		
		Max Fee 7/1/05 CF=\$34.56	Max Fee 7/1/06 CF=\$35.00	Percent Change	Max Fee 7/1/05 CF=\$34.56	Max Fee 7/1/06 CF=\$35.00	Percent Change
99201	Office\outpatient visit, children, new	\$33.52	\$34.30	+2.3%	\$21.77	\$22.05	+1.3%
99202	Office\outpatient visit, children, new	\$59.79	\$60.55	+1.3%	42.85	\$43.40	+1.3%
99203	Office\outpatient visit, children, new	\$88.82	\$90.30	+1.6%	\$66.01	\$66.85	+1.3%
99204	Office\outpatient visit, children, new	\$125.45	\$127.40	+1.5%	\$97.80	\$99.05	+1.3%
99205	Office\outpatient visit, children, new	\$158.63	\$162.06	+2.1%	129.95	\$132.30	+1.8%
99211	Office\outpatient visit, children, established	\$20.04	\$20.30	+1.3%	\$8.29	\$8.40	+1.3%
99212	Office\outpatient visit, children, established	\$35.60	\$36.05	+1.3%	\$22.12	\$22.40	+1.3%
99213	Office\outpatient visit, children, established	\$48.38	\$49.00	+1.3%	\$32.49	\$32.90	+1.3%
99214	Office\outpatient visit, children, established	\$75.69	\$77.00	+1.7%	\$53.91	\$54.95	+1.9%
99215	Office\outpatient visit, children, established	\$109.90	\$111.65	+1.6%	\$86.40	\$87.85	+1.7%
99381	Preventive Visit, Infant, New (EPSDT)	\$76.38	\$78.87	+3.2%	\$47.35	\$56.79	+19.9%
99382	Preventive Visit, Age 1-4, New (EPSDT)	\$84.33	\$87.24	+3.3%	\$55.64	\$55.67	+0.1%
99383	Preventive Visit, Age 5-11, New (EPSDT)	\$87.78	\$90.79	+3.3%	\$59.10	\$59.12	+0.0%
99384	Preventive Visit, Age 12-17, New (EPSDT)	\$94.35	\$97.55	+3.3%	\$66.01	\$66.06	+0.1%
99385	Preventive Visit, Age 18-20, New (EPSDT)	\$96.77	\$99.86	+3.1%	\$67.74	\$67.62	-0.2%
99391	Preventive Visit, Infant, Established (EPSDT)	\$58.41	\$60.21	+3.0%	\$41.13	\$41.04	-0.2%
99392	Preventive Visit, Age 1-4, Established (EPSDT)	\$67.05	\$69.12	+3.0%	\$49.08	\$49.01	-0.1%
99393	Preventive Visit, Age 5-11, Established (EPSDT)	\$70.50	\$72.96	+3.4%	\$52.53	\$52.41	-0.2%
99394	Preventive Visit, Age 12-17, Established (EPSDT)	\$77.41	\$79.92	+3.1%	\$59.10	\$59.37	+0.5%
99395	Preventive Visit, Age 18-20, Established (EPSDT)	\$80.18	\$82.76	+3.1%	\$60.48	\$60.77	+0.5%
99431	History and Exam of Normal Newborn	\$55.30	\$56.00	+1.3%	\$55.30	\$56.00	+1.3%
99433	Subsequent Hospital Care	\$29.03	\$29.40	+1.3%	\$29.03	\$29.40	+1.3%
99435	Normal Newborn	\$74.30	\$75.60	+1.7%	\$74.30	\$75.60	+1.7%
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EVALUATION AND MANAGEMENT ADULT SERVICES		Non-facility Setting			Facility Setting		
		Max Fee 7/1/05 CF=\$24.82	Max Fee 7/1/06 CF=\$25.51	Percent Change	Max Fee 7/1/05 CF=\$24.82	Max Fee 7/1/06 CF=\$25.51	Percent Change
99201	Office\Outpatient Visit, New	\$24.08	\$25.00	+3.8%	\$15.64	\$16.07	+2.7%
99202	Office\Outpatient Visit, New	\$42.94	\$44.13	+2.8%	\$30.78	\$31.63	+2.7%
99203	Office\Outpatient Visit, New	\$63.79	\$65.82	+3.2%	\$47.41	\$48.73	+2.7%
99204	Office\Outpatient Visit, New	\$90.10	\$92.86	+3.1%	\$70.24	\$72.20	+2.7%
99205	Office\Outpatient Visit, New	\$113.92	\$118.12	+3.7%	\$93.32	\$96.43	+3.2%
99211	Office\Outpatient Visit, Established	\$14.40	\$14.80	+2.8%	\$5.96	\$6.12	+2.7%
99212	Office\Outpatient Visit, Established	\$25.56	\$26.28	+2.8%	\$15.88	\$16.33	+2.7%
99213	Office\Outpatient Visit, Established	\$34.75	\$35.72	+2.8%	\$23.33	\$23.98	+2.7%
99214	Office\Outpatient Visit, Established	\$54.36	\$56.12	+3.2%	\$38.72	\$40.05	+3.3%
99215	Office\Outpatient Visit, Established	\$78.93	\$81.38	+3.1%	\$62.05	\$64.03	+3.1%
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MATERNITY SERVICES		Non-facility Setting			Facility Setting		
		Max Fee 7/1/05 CF=\$44.99	Max Fee 7/1/06 CF=\$44.71	Percent Change	Max Fee 7/1/05 CF=\$44.99	Max Fee 7/1/06 CF=\$44.71	Percent Change
<i>Incision</i>							
59000	Amniocentesis, diagnostic	\$164.66	\$164.98	+0.2%	\$100.78	\$100.60	-0.2%
59025	Fetal Non Stress-Global	\$49.04	\$49.63	+1.2%	\$49.04	\$49.63	+1.2%
59025-26	Fetal Non Stress-Professional	\$37.79	\$38.00	+0.6%	\$37.79	\$38.00	+0.6%
59025-TC	Fetal Non Stress-Technical	\$11.25	\$11.18	-0.6%	\$11.25	\$11.18	-0.6%
<i>Antepartum Care</i>							
59425	Antepartum care only	\$442.38	\$449.78	+1.7%	\$335.23	\$342.48	+2.2%
59426	Antepartum care only	\$790.02	\$789.58	-0.1%	\$592.52	\$591.07	-0.2%
<i>Labor and Vaginal Delivery</i>							
59400	Obstetrical care	\$1,940.42	\$1,937.73	-0.1%	\$1,940.42	\$1,937.73	-0.1%
59409	Obstetrical care	\$967.73	\$966.18	-0.2%	\$967.73	\$966.18	-0.2%
59410	Obstetrical care	\$1,082.46	\$1,080.64	-0.2%	\$1,082.46	\$1,080.64	-0.2%
<i>Postpartum Care</i>							
59430	Care after delivery	\$170.96	\$170.35	-0.4%	\$157.47	\$156.93	-0.3%
<i>Cesarean Delivery</i>							
59510*	Cesarean delivery	\$1,940.42	\$1,937.73	-0.1%	1,940.42	\$1,937.73	-0.1%
59514*	Cesarean delivery only	\$967.73	\$966.18	-0.2%	967.73	\$966.18	-0.2%
59515*	Cesarean delivery	\$1,082.46	\$1,080.64	-0.2%	1,082.46	\$1,080.64	-0.2%
<i>Delivery After Previous C-Section</i>							
59610	Vbac delivery	\$2,048.39	\$2,045.93	-0.1%	\$2,048.39	\$2,045.93	-0.1%
59612	Vbac delivery only	\$1,086.51	\$1,084.22	-0.2%	\$1,086.51	\$1,084.22	-0.2%
59614	Vbac care after delivery	\$1,195.38	\$1,192.86	-0.2%	\$1,195.38	\$1,192.86	-0.2%
59618	Attempted vbac delivery	\$2,326.88	\$2,323.58	-0.1%	\$2,326.88	\$2,323.58	-0.1%
59620	Attempted vbac delivery only	\$1,251.17	\$1,248.31	-0.2%	\$1,251.17	\$1,248.31	-0.2%
59622	Attempted vbac after care	\$1,412.24	\$1,409.26	-0.2%	\$1,412.24	\$1,409.26	-0.2%
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